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Director and Health Officer

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Dear Laboratory Director:


Effective June 1, 2010, the Los Angeles County (LAC) Department of Public Health (DPH) is adding **carbapenem-resistant *Klebsiella pneumoniae* (CRKP)** to its list of laboratory reportable diseases by authority of the Health Officer under California Code of Regulations, Title 17, Section 2500. Clinical laboratories are hereby ordered to report all cases of CRKP to DPH. Confirmed cases must be reported within **ten (10) working days** using either 1) automated Electronic Laboratory Records (ELR) reporting or 2) a standard Confidential Morbidity Report (CMR) form, available on the LAC DPH website at <http://publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf>. The reporting form may be faxed to the Communicable Disease Reporting System at (888) 397-3778, and should be sent with a copy of the laboratory report with the susceptibility pattern of the CRKP isolate.


LAC DPH is undertaking CRKP surveillance to monitor the emergence of this multi-drug resistant organism in LAC. CRKP have now become endemic in some hospitals in New York and New Jersey, though they are still uncommon in LAC. CRKP are **resistant to almost all available antimicrobial agents**, and infections with CRKP have been associated with high rates of morbidity and mortality. The gene that encodes the carbapenamase enzyme is carried on a mobile piece of genetic material (transposon), which increases the risk for dissemination of the resistance gene to other gram-negative organisms. Intervening now with aggressive infection control measures might prevent these highly drug-resistant organisms from becoming endemic within LAC health care facilities. We will use community-wide CRKP surveillance to measure the baseline rate of CRKP infection in LAC, identify increases, guide interventions, and monitor the success of control efforts.

Laboratories should follow the Clinical Laboratory Standards Institute (CLSI) guidelines to identify carbapenem resistance in *Klebsiella*. Currently, CLSI guidelines recommend performing a Modified Hodge test for phenotypic detection of carbapenamase production for *Klebsiella* with Minimum Inhibitory Concentrations (MICs) that are elevated but still in the susceptible range to carbapenems. MICs indicating resistance to carbapenems do not need to be confirmed with the Modified Hodge test. New guidelines with modified MIC breakpoints for carbapenems have been proposed, but not yet implemented; laboratories should be alert for changes in CLSI guidelines for detection of CRKP.

For more information on CRPK and guidelines for infection control of CRPK in health care facilities, please consult the LAC DPH website at <http://publichealth.lacounty.gov/acd/Diseases/Klebsiella.htm>. For other questions regarding this enhanced surveillance program, please contact Drs. Caitlin Reed or Dawn Terashita at the Acute Communicable Disease Control Program at (213) 240-7941.

Sincerely,

  
Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

  
Laurene Mascola, M.D., M.P.H., F.A.A.P.  
Chief, Acute Communicable Disease Control Program

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